

RETURN TO  
SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL AVE.  
PIERRE, S.D. 57501  
(605)773-4845

# FOREIGN NONPROFIT ANNUAL REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE \_\_\_\_\_  
RECEIPT NO. \_\_\_\_\_

1. Corporate Name and Mailing Address; including Zip + 4:

Federal Taxpayer ID # \_\_\_\_\_

FILING DATE: Due during the month the  
Certificate of Authority was issued, and  
delinquent the last day of the following  
month.

2. It is incorporated under the laws of the state of \_\_\_\_\_

3. The complete address of its principal office in state under the laws of which it is incorporated is \_\_\_\_\_

4. The name of its registered agent in South Dakota is \_\_\_\_\_ and the address of its registered office in  
South Dakota is \_\_\_\_\_.

5. The character of the business in which it is actually conducting in South Dakota is: \_\_\_\_\_

6. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
_____	Director	_____	_____	_____	_____
_____	Director	_____	_____	_____	_____
_____	President	_____	_____	_____	_____
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated \_\_\_\_\_.

STATE OF \_\_\_\_\_

ss

COUNTY OF \_\_\_\_\_

By \_\_\_\_\_  
(Signature)

Its \_\_\_\_\_

(Title)

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_,

personally appeared before me \_\_\_\_\_ who, being by me first duly sworn, declared that he/she is the

\_\_\_\_\_ of \_\_\_\_\_ that he/she signed the forgoing document as officer of the  
corporation, and the statements therein contained are true.

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

(Notarial Seal)

fnar.doc